

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.740)

Morr
50783

WELL I.D.# 41908
START CARD# 91431

(1) OWNER:
Name R.D. OFFUT Co.
Address 95906 3 mile Rd
City Boonville OR 97008

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Firewater Other

(5) MORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 250 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
20	0-56	CEMENT	0-65
16	56-74	CEMENT	74-85
12	74-750		

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From To	Group	Head	Plastic	Welded	Threaded
Casing: 16	0-56	250		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	-3-74	250		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Line:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shaft 464

(7) PERFORATIONS/SCREENS:

From	To	Size	Number	Diameter	Material	Telescope	Casing	Line
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gph/min	Drawdown	Drill rpm at	Flowing Artesian	Time
750		750	<input checked="" type="checkbox"/>	1 hr

Temperature of water 68° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Rotten Muddy Slimy Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Morrow altitude _____ J. original
Township 3 N or S Range 24 E or W. WM.
Section 17 NW 1/4 542 1st
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
127 ft. below land surface. Date 8-31-00
Artisan pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: **RECEIVED**
Depth at which water was first found 28 ft.
APR 12 2001

From	To	Estimated Permeability	SWL
28	48	WATER BEARING	127
721	770	3500 OREGON	127
478	505		127
535	565		127
658	674		127

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt	0	0	
Caliche	6	7	
Top Clay	7	27	28
Black Basalt	47	90	
Grey Basalt	90	102	
visicular	102	115	
Blue Clay	115	138	
Black Basalt	138	130	
Grey Basalt	150	165	
Blue Clay	265	321	
Sandy Blue Clay	321	320	321
Grey Clay	320	459	
Black Basalt	459	478	
visicular	478	505	127
Black Basalt	505	535	
visicular Basalt	535	565	127
Black Basalt	565	585	
Grey Basalt	585	658	
visicular	658	674	127
Grey Basalt	674	750	

Date started 7-20-00 Completed 8-31-00
(bonded) Water Well Constructor Certificate # _____

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Date _____

(bonded) Water Well Constructor Certificate # _____
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This entry is true to the best of my knowledge and belief.
WWC Number 757
Signed [Signature] Date 9-12-00